

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91414547

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		1					53		1				
4		1					54	1					
5		1					55	1					
6		1					56	1					
7		1					57	1					
8		1					58	1					
9		1					59	1					
10	Cancel						60	1					
11		1					61	1					
12	Cancel						62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	Cancel						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.	10						TOTAL IND.	10					
TOTAL DEP.	40						TOTAL DEP.	40					
TOTAL CLAIMS	50						TOTAL CLAIMS	50					